

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
DOCKET UNIT

2018 SEP 18 AM 10:58

Philip E. DeBlasio

Write the full name of each plaintiff.

18CV8530
(Include case number if one has been assigned)

-against-

NYC Health & Hospital Corporation

COMPLAINT
(Prisoner)

Do you want a jury trial?
☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

PHILIP E. DeB/asio
 First Name Middle Initial Last Name

Abdur-Rashheed Ali

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

3491801884

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MDC,
 Current Place of Detention

125 White Street
 Institutional Address

New York, N.Y. 10013
 County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

NYC Health & Hospital Corporation
 First Name _____ Last Name _____ Shield # _____

Current Job Title (or other identifying information) _____

125 Worth Street, Room 527,
 Current Work Address _____

New York, N.Y.
 County, City _____ State _____

10013
 Zip Code _____

Defendant 2:

First Name _____ Last Name _____ Shield # _____

Current Job Title (or other identifying information) _____

Current Work Address _____

County, City _____ State _____ Zip Code _____

Defendant 3:

First Name _____ Last Name _____ Shield # _____

Current Job Title (or other identifying information) _____

Current Work Address _____

County, City _____ State _____ Zip Code _____

Defendant 4:

First Name _____ Last Name _____ Shield # _____

Current Job Title (or other identifying information) _____

Current Work Address _____

County, City _____ State _____ Zip Code _____

V. STATEMENT OF CLAIM

Place(s) of occurrence: MDC, 125 Worth St. New York, N.Y. 10013

Date(s) of occurrence: 7-31-18 and 8-6-18 thru 8-9-18

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On the above date of 7-31-18 was the last day I had my HepC Medication for my 90 day treatment. When I arrived at MDC on 8-1-18 they, the Nurses here wouldn't give me my Hep C Medication for my 90 day treatment. They didn't start giving me the above mentioned medication until 8-4-18. Three days later. Now on 8-6-18 they the Nurses at MDC no longer gave me my Hep C medication for the 90 day Treatment. Doctor Joseph told me that when I start this treatment that I couldn't miss any medication on any given day. And that if I missed one I would have to make it up at the end of the Treatment time of 8-6-18. So overall if you look at my medical records I missed six pills overall over the 3 month period. So now the Medical Staff must look at the records and verify that and give me 6(six) more days of Medications. If not the HepC may or will

come back and your Tax Paying Dollars of \$100,000. would be a waste of your money. Now I told this to 311 3 (three) different days. I wrote 2 or 3 Grievances on this issue as well. I saw 2 doctors after 8-6-18 and they refused to call Doctor Joseph to see if he will give me those Six Pills. This is ultimately in General the Responsibility of who I am suing and directly Doctor Joseph's responsibility which is a violation of my 4th Amendment Rights.

INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Yes I now will have Hep C back into my system because they wouldn't complete this treatment at my request according to Dr. Joseph's initial plan for me. I also suffered severe mental anguish because of my physical ailment not being totally treated. They set me up to fail & continue to remain sick. They did nothing for me at all. They made matters worse.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I want the Defendant not to be able to practice medicine in the New York City Jails anymore.

I want a fair money damages of \$3,000,000.00 for my pain and physical and mental sufferings.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

7-31-18
 Dated Philip E. Plaintiff's Signature Philip DeBlasio
 First Name Middle Initial Last Name
125 White St.
 Prison Address
New York, N.Y. 10013
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____

Philip DeBlasio
#349 1801884
MDC
125 White St.
New York N.Y.
10013

RECEIVED
ONLY DOCUMENTS
2018 SEP 18 AM 10:58



United States District Court
Southern District of New York
500 Pearl Street, Room 230
Pro Se Office
New York N.Y. 10007